

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: LIGHTHOUSE (THE) (0008808)
Address: 131 CLARMAR DR, SUN PRAIRIE, WI 53590
License Status: REGULAR
Licensed/Certified/Registered 08/01/2000
Regional Office: SOUTHERN REGION (MADISON), (608) 243-2370

Survey History

Survey ID: 0096642 **End Date:** 03/21/2006 **Type:** STANDARD **Purpose:** COMPLAINT/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10008351 Served 04/03/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.33(2)(g)3	CBRF ARRANGE HEALTH VISITS AND DOCUMENT		

Survey ID: 0095981 **End Date:** 11/15/2005 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10008303 Served 12/06/2005

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.33(2)(c)	LEISURE TIME ACTIVITIES	03/22/2006	Yes

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Survey ID: 0095502 End Date: 09/07/2005 Type: STANDARD Purpose: SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10008274 Served 09/19/2005

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.33(2)(g)1	HEALTH MONITORING-COMMUNICABLE DISEASE	11/15/2005	Yes
83.33(3)(c)1	CONTROLLED SUBSTANCES	11/15/2005	Yes
83.33(3)(e)2.a	WRITTEN ORDER TO ADMINISTER MEDICATIONS	11/15/2005	Yes
83.42(2)(a)	EVALUATION RESIDENT EVACUATION LIMITS	11/15/2005	Yes

Survey ID: 0094639 End Date: 04/13/2005 Type: STANDARD Purpose: VERIFICATION VISIT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10008206 Served 04/30/2005

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(t)	INCOMPETENCY	09/07/2005	Yes

Survey ID: 0090943 End Date: 09/26/2003 Type: STANDARD Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10007852 Served 09/12/2003

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bm)	OUT OF STATE BACKGROUND CHECKS	04/13/2005	Yes
83.21(4)(o)	MEDICATIONS	04/13/2005	Yes
83.21(4)(r)	TREATMENT CHOICE	04/13/2005	Yes
83.32(2)(a)	INDIVIDUALIZED SERVICE PLAN-SCOPE	04/13/2005	Yes
83.32(4)(b)	RESPIRE ISP DEVELOPED WITHIN 48 HOURS	04/13/2005	Yes
83.33(2)(g)1	HEALTH MONITORING-COMMUNICABLE DISEASE	04/13/2005	Yes
83.33(3)(e)6	MEDICATION ERRORS AND ADVERSE REACTIONS	04/13/2005	Yes
83.42(2)(a)	EVALUATION RESIDENT EVACUATION LIMITS	04/13/2005	Yes

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CLASS CNA (NONAMBULATORY)

STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Survey ID: 0090516 **End Date:** 06/10/2003 **Type:** OTHER **Purpose:** SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10007791 Served 06/26/2003

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(2)(a)	INDIVIDUALIZED SERVICE PLAN-SCOPE	04/13/2005	Yes

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CLASS CNA (NONAMBULATORY)

Enforcement History

Date: 09/09/2003 SOD #10007852 Appealed: No

Sanctions

FORFEITURE---50.065(2)(bm) 2nd cite
FORFEITURE---83.21(4)(o)
FORFEITURE---83.21(4)(r)
FORFEITURE---83.32(2)(a) 3rd cite
FORFEITURE---83.33(3)(e)6

Date: 06/24/2003 SOD #10007791 Appealed: No

Sanctions

OTHER SANCTION
FORFEITURE---83.32(2)(a)

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Provider Inspection Summary

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Complaint History

Date Complaint Received: 03/01/2006

Date Investigation Completed: 03/22/2006

Subject Area(s)

HOMELIKE ENVIRONMENT & CLEANLINESS
NUTRITION & FOOD SERVICES

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 01/26/2006

Date Investigation Completed: 03/24/2006

Subject Area(s)

RESIDENT RIGHTS
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 10/21/2005

Date Investigation Completed: 11/23/2005

Subject Area(s)

STAFF ADEQUACY
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 09/28/2005

Date Investigation Completed: 11/23/2005

Subject Area(s)

PHYSICAL PLANTS & SAFETY HAZARDS
HOMELIKE ENVIRONMENT & CLEANLINESS
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 12/23/2004

Date Investigation Completed: 04/13/2005

Subject Area(s)

ADMINISTRATION

Result

NOT SUBSTANTIATED

SOD #

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